

# Form CPF M 102: Campaign Finance Report TOWN CLERK'S OFFICE ARLINGTON, MA 02174

Office of Campaign and Political Finance 2019 JUN - 3 PM 3: 54

Fill in R	Reporting Period dates: Beginning Date: 0	File with: City or Town Clerk or Election Commission
		05-16-2019 Ending Date: 06-03-2019
Type of	Report: (Check one)	The state of the s
1	ay preceding preliminary 🔀 8th day preceding election	on 30 day after election year-end report dissolution
***************************************	Candidate Full Name (if applicable)	Affordable Arlington Committee
		Committee Name Phillip Lohnes
	Office Sought and District	Name of Committee Treasurer
E-mail:	Residential Address	7 Central Street, Suite 175 Arlington, MA 02474  Committee Mailing Address
Phone # (opt	tional):	E-mail: Affordalt Arlington 60 6 ma, 1, cop
L		
	SUMMARY BALAN	NCE INFORMATION:
	Line 1: Ending Balance from previous report	0.00
	Line 2: Total receipts this period (page 3, line 1	\$703.00
	Line 3: Subtotal (line 1 plus line 2)	\$703.00
	Line 4: Total expenditures this period (page 5, l	, line 14) \$342.47
	Line 5: Ending Balance (line 3 minus line 4)	\$360.53
	Line 6: Total in-kind contributions this period (	
	Line 7: Total (all) outstanding liabilities (page 7	7) 0
	Line 8: Name of bank(s) used: Citizens Bank	
I certify that I activity, include finance activity	Committee Treasurer: have examined this report including attached schedules and it is, to the be ding all contributions, loans, receipts, expenditures, disbursements, in-king by of all persons acting under the authority or on behalf of this committee in the penalties of perjury:	best of my knowledge and belief, a true and complete statement of all campaign finance ind contributions and liabilities for this reporting period and represents the campaign e in accordance with the requirements of M.G.L. c. 55.  (Treasurer's signature)  Date: 06-3-2019
FOR CAN	DIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 1	I have only
Candidat I certify the activity, of incurred a  Candidat I certify the	te with Committee  that I have examined this report including attached schedules and it is, to the fall persons acting under the authority or on behalf of this committee in a my liabilities nor made any expenditures on my behalf during this reporting the without Committee  that I have examined this report including attached schedules and it is not at the contraction.	the best of my knowledge and belief, a true and complete statement of all campaign finance in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, ting period that are not otherwise disclosed in this report.
campaign	finance activity of all persons acting under the authority or on behalf of the	f this candidate in accordance with the requirements of M.G.L. c. 55.
igned under	the penalties of perjury:	(Candidate's signature)

#### SCHEDULE A: RECEIPTS

occupation and employer must be reported for all persons who contribute \$2000 or more in a calendar year. year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the M.G.L. c. 35 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to

Enter on page 1, line 2	00.007 <b>\$</b>	Line 11: TOTAL RECEIPTS IN THE PERIOD  If you have itemized receipts of \$50 and under, include them in line 9		
	ovoder* (not listed above) \$3.00		Line 10: Total Receip	
	00.007\$	ts over \$50 (or listed above)	Line 9: Total Receip	
3 0 5 H				
CONTRACTOR OF THE CONTRACTOR O				
0. S. O.				
	00.001\$	Lucia Caetano 4 Stoney Brook Rd. Arlington, MA 02476	6102-12-50	
Self-Employed	00.002\$	Phillip P Lohnes S2 Bartlett Ave. Arlington, MA 02476	6702-30-30	
	00.001\$	Joseph Monju 8 Brattle St. Arrlington, MA 02476	6102-90-50	
Occupation & Employer (for contributions of \$200 or more)	innomA	Name and Residential Address (alphabetical listing required)	Date Received	
report all receipts. Please include your committee name and a page number on each page.)				

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

Page 2

## SCHEDULE A: RECEIPTS (continued)

Occupation & Employer	JunomA	Name and Residential Address (alphabetical listing required)	Date Received	
(for contributions of \$200 or more)				
707				
ZOLA STATE OF THE				
S S S S S S S S S S S S S S S S S S S				
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
LAJ ***				
	]  <u> </u>			
		ine 9: Total Receipts over \$50 (or listed above)		
		(evods batzil ton) *19bnu bns 02\$	ine 10: Total Receipt:	
Enter on page 1, line 2	<b>→</b>	ine 11: TOTAL RECEIPTS IN THE PERIOD		
i i ; you attaioosa asooli viao spirioti	i bluoda 01 anid	eipts of \$50 and under, include them in line 9.	If you have itemized rec	

#### SCHEDNIE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep from committee records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures. Please include your committee name and a page number on each page.)

	report all expenditures. Please include your committee name and a page number on each page.)  To Whom Paid  Date Paid  (alphabetical listing)					
JnuomA 72.158	Purpose of Expenditure	Address S200 SW 30th Street Davenport, Iowa 52802	/8	5102-06-50		
<b>76.21</b> \$	Digital Advertising	1 Hacker Way Menlo Park, California 94025	Escepook	06-03-2019		
96.4\$	Pigital Advertising	1 Hacker Way Menlo Park, California 94025	Евсероок	06-03-2019		
TOW						
M CLER WGTON						
TA OF						
74.S4E\$	. \$50 (or listed above)	ine 12: Total Expenditures over	ד			
	7	ine 13: Total Expenditures \$50				
<b>74.242</b> \$	KES IN THE PERIOD	ine 14: TOTAL EXPENDITU	Enter on page 1, line 4 → L  Inter on page 1, line 4 → L  Inter of \$50 and under, in	əti əvad uov î		

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE B: EXPENDITURES (continued)

To Whom Paid Continued				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
	9			
	-			
				OF R
			Haracopo	
			3	A O??
				137
				Arms 1 2 g
Line 12: Expenditures over \$50 (or listed above)				
Line 13: Expenditures \$50 and under* (not listed above)				
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD				
on have itemiza	d over allower - Coco	include them in line 12. Line 12 also	DRES IN THE PERIOD	

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
				27.52
			<b>H</b>	
				E S
			ED 3: 55	OFFICE PICE
	,			
-		Line 15: In-Kind Contributions	over \$50 (or listed above)	
	i i	Line 16: In-Kind Contributions \$		\$14.95
fan in-kind contri	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	NTRIBUTIONS	\$14.95

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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## SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
			1	73mount
				_
			7019	23 20 24
				C C E R
				* 0.55 0.55 0.55 0.55 0.55 0.55 0.55 0.55
			<u> </u>	in rvi
	Enter on page 1, line 7 → I	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	